



Washington State
Department of Social
& Health Services

DIVISION OF CHILD CARE AND EARLY LEARNING (DCCCL)
SEASONAL CHILD CARE (SCC)

INTAKE AND ASSESSMENT

1. LOCAL OFFICE	2. INTERVIEW DATE
3. WORKER'S NAME	4. TELEPHONE NUMBER

FAMILY PROFILE

5. PARENTS/GUARDIANS (APPLICANTS)				6. RELATIONSHIP TO CHILD		
7. ADDRESS	CITY	STATE	ZIP CODE	8. TELEPHONE NUMBER (INDICATE TYPE OF NUMBER)		
9. Children in Household						Total Family Size
LAST NAME	FIRST NAME AND MIDDLE INITIAL	GENDER	AGE	DATE OF BIRTH	ID	SPECIAL NEEDS/DISABILITIES

EMPLOYMENT

FIRST PARENT'S NAME		BIRTHDATE		SECOND PARENT'S NAME		BIRTHDATE	
FIRST PARENT'S EMPLOYER				SECOND PARENT'S EMPLOYER			
EMPLOYER'S TELEPHONE NUMBER (INCLUDE AREA CODE)				EMPLOYER'S TELEPHONE NUMBER (INCLUDE AREA CODE)			
DAY	PARENT WORK SCHEDULE			DAY	PARENT WORK SCHEDULE		
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			
Sunday				Sunday			

Employment Verified by: ☐ Employment Letter ☐ Pay Stub ☐ Phone Call (date):

10. When is Childcare needed?

Hours: Beginning time: ☐ AM ☐ PM Hours: Ending time: ☐ AM ☐ PM
Days of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

11. Childcare options explained to parent. Check parent's preference.

- ☐ Family child day care home (may have up to 12 children)
☐ Child day care center (may have from 12 to 150 children)

CONTRACTOR SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE (APPLICANT)	DATE
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APPLICATION SCREENING

DATE

PARENT/GUARDIAN

PROGRAM AND FINANCIAL ELIGIBILITY

WAC 388-292-0005 sets forth the following requirements for the Seasonal Child Care program. There must be a "Yes" answer to all questions for the family to be eligible for the program. **Answer each question. If there is a "No" answer to any questions, go no further. The family cannot receive Seasonal Child Care.** Refer family to local Economic Services Administration, Working Connections Child Care Program.

PROGRAM REQUIREMENTS	INFORMATION AND INSTRUCTIONS	YES OR NO
1) Family is NOT receiving TANF.	Families on TANF cannot receive Seasonal Child Care. (Select "Yes" if not receiving TANF).	
2) All parents in the household are employed in agriculturally related work in Washington State or within 40 miles of the border.	Child care is provided only during the hours that both parents are working in agriculturally related work.	
3) Children must be members of family units residing in Washington State.	Address is noted in Item 4 of the "Intake and Assessment form."	
4) Child must be age 12 or younger to receive child care; a child with special needs can be provided services if age 18 or younger.	Special needs rate may be authorized. Refer to Seasonal Child Care Guidebook.	
5) 50% or more of the family's annual earned income must be derived from agriculturally related work.	Determine source and amount of family earned income for the previous 12 months. Fill out "Earned Income Verification."	
6) The primary wage earner was employed in agricultural work for eleven months or less with any one employer in the previous 12 months.	In a one-parent household, the same applies to the one parent.	
7) The family's adjusted monthly income, averaged for the previous 12 months is at or below 200% of the federal Poverty Level.	Refer to the copay Calculation Table.	
8) The parent will participate in the cost of child care by making a monthly copayment to the child care provider.	Copayment is determined by the parent's income and calculated by WAC 388-290-090 rules. Fill out "Copayment Determination" and refer to Copay Calculation Table.	
CONTRACTOR SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE (APPLICANT)
		DATE



DIVISION OF CHILD CARE AND EARLY LEARNING (DCCEL)
SEASONAL CHILD CARE (SCC)
UNEARNED INCOME

PARENT/GUARDIAN			DATE	
MONTHLY FAMILY UNEARNED INCOME (VERIFICATION REQUIRED)				
FIRST PARENT/GUARDIAN NAME			SECOND PARENT/GUARDIAN NAME	
MONTH/ YEAR	SOURCE OF INCOME	AMOUNT	SOURCE OF INCOME	AMOUNT
1. Individual 12 Month Unearned Income			Individual 12 Month Unearned Income	
2. Total Family Unearned Income for previous 12 Months (add both incomes on Line 1 together)				
PARENT/GUARDIAN CERTIFICATION I declare under penalty of perjury that the information given by me in this declaration is true, correct, and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law, RCW 74.08.055.				
PARENT/GUARDIAN CERTIFICATION			DATE	



DIVISION OF CHILD CARE AND EARLY LEARNING (DCCEL)
SEASONAL CHILD CARE (SCC)

EARNED INCOME

PARENT/GUARDIAN				DATE		
MONTHLY FAMILY EARNED INCOME (VERIFICATION REQUIRED)						
FIRST PARENT/GUARDIAN NAME				SECOND PARENT/GUARDIAN NAME		
MONTH/ YEAR	EMPLOYER	TYPE OF WORK	AMOUNT	EMPLOYER	TYPE OF WORK	AMOUNT
1. Individual 12 Month Eearned Income				Individual 12 Month Eearned Income		
2. Total Family Earned Income for previous 12 Months (add both incomes on Line 1 together)						
<p align="center">PARENT/GUARDIAN CERTIFICATION</p> <p>I declare under penalty of perjury that the information given by me in this declaration is true, correct, and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law, RCW 74.08.055.</p>						
PARENT/GUARDIAN CERTIFICATION				DATE		

COPAYMENT DETERMINATION

PARENT/GUARDIAN		DATE
DEFINITIONS AND DIRECTIONS		COPAYMENT COMPUTATION
1. Qualified adults plus qualified children equal (refer to Seasonal Child Care Guidebook)	Family unit size:	
2. Income received by any means other than employment, including child support received (unearned page) equals (unearned income for previous 12 months divided by 12)	Average Monthly Unearned Income:	
3. Income received from all employment (earned page) equals (earned income for previous 12 months divided by 12)	Average Monthly Earned Income:	
TOTAL LINES 2 AND 3	TOTALS 2 AND 3:	
4. Child support paid out - DEDUCTED (amount paid out for previous 12 months, divided by 12)	Average Monthly Support Paid Out:	
5. Total of adding Lines 2 and 3 and subtracting Line 4 Eligible if at or below 200% FPL	Total Adjusted Average Income:	
6. Is family eligible?		
7. Amount of family's child care cost that parent is responsible for paying to the provider monthly. (Refer to Copay Calculation Table, 04/01/2006) a. Item 5 at or below 82% of FPL (column 3) = \$15.00 copay b. Item 5 at above 82% of FPL and at or below 137.5% of FPL (column 4) = \$50.00 copay c. Item 5 over 137.5% of FPL and at or below 200% of FPL (column 5) = Copay amount calculated by: subtracting 137.5% of FPL from countable income, then multiply by .44, and add \$50.	Family Copayment:	
CONTRACTOR SIGNATURE		DATE
PARENT/GUARDIAN SIGNATURE		DATE



Washington State
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DIVISION OF CHILD CARE AND EARLY LEARNING (DCCEL)
SEASONAL CHILD CARE (SCC)

PARENT RESPONSIBILITIES

YOUR SCC LOCAL OFFICE

YOUR SCC WORKER 'S NAME

YOUR SCC WORKER 'S TELEPHONE NUMBER

To qualify for Seasonal Child Care, both parents must be working in seasonal agricultural jobs, meet income guidelines, and use child care that is licensed or certified. Funding is limited and not all that qualify will receive benefits.

When I receive Seasonal Child Care benefits, I am responsible to:

- Keep all appointments with my SCC worker;
- Give truthful and complete information to my SCC worker so that they can determine if I am eligible;
- Provide pay check stubs or computer printouts to verify employment;
- Choose a provider who is licensed or certified;
- Pay my provider the copayment each month. If I do not pay my copayment, or make arrangements to pay it, I may not be eligible for child care subsidies;
- Tell my SCC worker within ten (10) days if I have changes in my;
 - Work status, hours or employer;
 - Hours I need child care;
 - TANF assistance, if I start receiving benefits;
 - Children become eligible for migrant head start;
 - Family size, such as someone moves in or out or I have a new family member;
 - Child support paid or received; or
 - Home address or phone number.
- Only use child care when I am working or driving from child care to work and back;
- Tell my SCC worker before I change child care providers;
- Pay back money if I use child care when I am not working or driving back and forth to work;
- Sign my child in and out of child care each day using my full legal signature; and
- Cooperate with auditors employed by the State of Washington who need to review my case.

**If you start
receiving TANF,
tell your SCC
worker
immediately.**

**Child
Care
Subsidies
are for work hours only**

**Pay your
copayment
monthly or
you may lose
your child care.**

When I receive Seasonal Child Care benefits, I have the right to:

- Be treated politely and fairly;
- Have my application completed within 30 days;
- Be informed, in writing, of my legal rights and responsibilities;
- Keep my information confidential;
- Receive notice 10 days before my child care is stopped or reduced, except when my authorization is scheduled to end;
- Use 5 days of child care to look for work after a job ends;
- Have a legal hearing if I get a notice that I have to pay back money;
- Be provided an interpreter;
- Ask a supervisor to review a decision or action affecting my child care; and
- Hear about child care options if I don't qualify for SCC.

Child Care Providers Information for Parents:

- I can choose which licensed child care provider I want to use;
- The local Resource and Referral Agency can help locate a provider;
- I must give my child care provider the "Approved Child Care Plan" for SCC when I enroll my child;
- I have a right to change providers however I must have a new "Approved Child Care Plan" completed before changing; and
- If I have concerns about the health and safety of my children's care, I can contact the local State of Washington licenser or ask my SCC authorizer to help me locate the licenser.

I declare under penalty of perjury that the information given by me in this child care application is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided by Washington State Law - (RCW 74.08.055)

Hearing Rights

You have a right to a hearing. To request a hearing, contact this office or write to OFFICE OF ADMINISTRATION, PO BOX 42489, OLYMPIA WA 98504-2465. You must request your fair hearing within 90 days of the date you received this decision. At the hearing, you have the right to represent yourself, be represented by an attorney or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services. You may be eligible to receive continued benefits pending the outcome of a hearing if you request the hearing on or before the effective date of an action or no more than 10 days after you receive this notice of this action. If you lose the hearing, any SCC program subsidies you use between the date you get this notice and the date of the hearing or hearing decision is an overpayment to you and will need to be repaid to DSHS.

My rights and responsibilities have been explained to me and I have been given a copy of this notice.

PARENT'S SIGNATURE

DATE

CONTRACTOR'S SIGNATURE

DATE



DIVISION OF CHILD CARE AND EARLY LEARNING (DCCEL)
SEASONAL CHILD CARE (SCC)

APPROVED CHILD CARE PLAN

PROVIDER NAME AND ADDRESS

AUTHORIZER INFORMATION

AGENCY

WORKER'S NAME

TELEPHONE NUMBER

DATE

SIGNATURE

PARENT INFORMATION

NAME

TELEPHONE NUMBER

PROVIDER INFORMATION

PROVIDER NUMBER

TELEPHONE NUMBER

PROVIDER: Please review this form carefully; only these services will be paid under this program. If the parent's work schedule calls for more child care than what is shown, the parent must contact the above authorizer for additional services.

**Parents are responsible for payment of unauthorized services.
Providers are responsible for the collection of unauthorized services.**

Payment will be authorized to the above provider. Check to see that your information is correct.

DAY	FIRST PARENT WORK SCHEDULE	SECOND PARENT WORK SCHEDULE	YES	NO	
Monday			<input type="checkbox"/>	<input type="checkbox"/>	Registration fee
Tuesday			<input type="checkbox"/>	<input type="checkbox"/>	Special Needs
Wednesday			<input type="checkbox"/>	<input type="checkbox"/>	Extended hour
Thursday			<input type="checkbox"/>	<input type="checkbox"/>	Weekend care
Friday					
Saturday					
Sunday					
EMPLOYER'S NAME		TELEPHONE NUMBER	EMPLOYER'S NAME		TELEPHONE NUMBER

CHILD'S NAME	DATE OF BIRTH	CHILD CARE SCHEDULE	TYPE OF CARE				WEEKEND CARE		PROVIDER'S RATE
			FULL DAY	HALF DAY	EXT. HOUR	AGE CODE	SAT	SUN	

AGE CODES: I Infant (0-11 months); T Toddler (12-29 months); P Preschool (30 months-five years); S School age (5-12years) **EXTENDED HOUR:** Extended Hour Care must be pre-approved. Extended hours are allowed when care is needed more than 10 hours per day on an irregular "overtime" work schedule.

Child care services are authorized to begin on _____. Child care will continue as long as your employment continues and you qualify for all other reasons. Your child care will end on _____. You must contact the worker listed above if you need child care after that date. We need current employment information by _____ in order to continue this authorization. If you do not provide current information, we will end your child care early. Your monthly copayment is _____. The provider is responsible to collect this amount from you.



DIVISION OF CHILD CARE AND EARLY LEARNING (DCCCL)
SEASONAL CHILD CARE (SCC)

APPROVED CHILD CARE PLAN

PROVIDER NAME AND ADDRESS

AUTHORIZER INFORMATION

AGENCY

WORKER'S NAME

TELEPHONE NUMBER

DATE

SIGNATURE

PARENT INFORMATION

NAME

TELEPHONE NUMBER

PROVIDER INFORMATION

PROVIDER NUMBER

TELEPHONE NUMBER

PROVIDER: Please review this form carefully; only these services will be paid under this program. If the parent's work schedule calls for more child care than what is shown, the parent must contact the above authorizer for additional services.

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Monday			<input type="checkbox"/>	<input type="checkbox"/>	Registration fee
Tuesday			<input type="checkbox"/>	<input type="checkbox"/>	Special Needs
Wednesday			<input type="checkbox"/>	<input type="checkbox"/>	Extended hour
Thursday			<input type="checkbox"/>	<input type="checkbox"/>	Weekend care
Friday					
Saturday					
Sunday					
EMPLOYER'S NAME		TELEPHONE NUMBER	EMPLOYER'S NAME		TELEPHONE NUMBER

CHILD'S NAME	DATE OF BIRTH	CHILD CARE SCHEDULE	TYPE OF CARE				WEEKEND CARE		PROVIDER'S RATE
			FULL DAY	HALF DAY	EXT. HOUR	AGE CODE	SAT	SUN	

AGE CODES: I Infant (0-11 months); T Toddler (12-29 months); P Preschool (30 months-five years); S School age (5-12years) **EXTENDED HOUR:** Extended Hour Care must be pre-approved. Extended hours are allowed when care is needed more than 10 hours per day on an irregular "overtime" work schedule.

Child care services are authorized to begin on _____. Child care will continue as long as your employment continues and you qualify for all other reasons. Your child care will end on _____. You must contact the worker listed above if you need child care after that date. We need current employment information by _____ in order to continue this authorization. If you do not provide current information, we will end your child care early. Your monthly copayment is _____. The provider is responsible to collect this amount from you.

LICENSED/CERTIFIED PROVIDER RESPONSIBILITIES

The Seasonal Child Care (SCC) is a subsidized child care program with limited resources. Child Care Providers, who provide care under this program, must accept the following responsibilities:

1. Follow all DSHS/Division of Child Care and Early Learning (DCCEL) minimum licensing requirements as stated in WAC Chapter 388-295, 388-296, and 388-151. This includes:
 - Maintaining appropriate child/staff ratio at all times;
 - Maintaining your attendance records and invoice for state-paid children on the premises for at least five years; and
 - Completing your invoices with accurate information based on a careful review of your attendance records. Review the children's time in and out.
 - The billing rules are found in the DSHS publication, Child Care Subsidies, A Booklet for Licensed and Certified Child Care Providers. Contact your licensor to receive a copy or go to the DCCEL web site: <http://www1.dshs.wa.gov/esa/dccel>.
2. Keep attendance records as described in:
 - WAC 388-296-0520 (family homes);
 - WAC 388-295-7030 (centers); or
 - WAC 388-151-460 (school-age centers).
3. Receive an authorization notice (Approved Child Care Plan) from SCC before enrolling a family into care.
 - Only the SCC contractor assigned for your area can make authorizations.
 - In this area, your SCC contractor is _____.
 - The SCC is not responsible for child care provided for families who are not authorized.
4. Supply a copy of the following when requested by DSHS or the SCC:
 - Written policies for rates and registration fees; and
 - Attendance and invoice records.

Note: Only those rates and fees included in a provider's policy can be recognized by the SCC.
5. The SCC only pays for child care provided during SCC approved activities.
 - Both parents must be working in seasonal agricultural employment throughout the authorization period.
 - If you provide care when parents are not working and invoice it to the SCC, a review of your records may be done and a possible overpayment completed.
6. If you bill DSHS for more than you should, it is an overpayment. Overpayments may occur when you bill for:
 - More days than you were eligible to bill based on the child's attendance;
 - When you do not have any attendance records;
 - When you do not keep attendance records as outlined by your licensing WAC;
 - For child care at a rate higher than you were eligible to receive; and
 - For children older or younger than the ages you are licensed for, without a waiver.
7. You are asked to:
 - Pass on all program information that you receive from the SCC contractor because you are an important link to the parents. This is especially important during a family's re-authorization period. At this time they need to make an appointment with their authorizing worker and bring necessary verifications to determine their continued program eligibility.
 - Notify parents one (1) month prior to changing your available hours of child care. This will allow time for new child care arrangements to be made.
 - Remind parents to work with the authorizing worker to change authorizations for changes in school schedules, such as winter and summer break.

PROVIDER'S SIGNATURE

DATE



DIVISION OF CHILD CARE AND EARLY LEARNING (DCCEL)
SEASONAL CHILD CARE (SCC)
SCC NOTICE OF DENIED SERVICES

LOCAL OFFICE	DATE
WORKER NAME	TELEPHONE NUMBER

Call if you need help with this letter.

..... On _____, you asked for help with child care payments under the Seasonal Child Care program.

We will not be able to help you because (per WAC 388-292):

- ☐ You withdrew your request for child care assistance.
- ☐ You do not meet program eligibility criteria under WAC 388-292-0005 and WAC 292-0025.
- ☐ You do not have an eligible child under WAC 388-292-0010 and WAC 388-292-0025.
- ☐ Your activities do not meet the requirements in WAC 388-292-0020.
- ☐ Your income is above the maximum allowed Federal Poverty Level (FPL) for program eligibility, per WAC 388-292-0005 and WAC 388-290-0075.
- ☐ You did not provide the information necessary to determine your eligibility.
- ☐ Other (specify):

FAIR HEARING RIGHTS

If you disagree with this decision, you may ask for a Fair Hearing by writing to the OFFICE OF ADMINISTRATIVE HEARINGS, PO BOX 42489, OLYMPIA WA 98504-2489. You must request your fair hearing within 90 days of the date you receive this letter.

At the Fair Hearing, you have the right to represent yourself, be represented by an attorney, or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services. You may be eligible to receive continued subsidy child care pending the outcome of a Fair Hearing only if you request a hearing within 10 days of receiving this notice. If you lose the hearing, any SCC program subsidies you use between the date you get this notice and the date of the hearing or hearing decision, is an overpayment to you and will need to be repaid to DSHS.



Washington State
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DIVISION OF CHILD CARE AND EARLY LEARNING (DCCCL)
SEASONAL CHILD CARE (SCC)

SCC NOTICE OF PLANNED ACTION

LOCAL OFFICE	DATE
WORKER NAME	TELEPHONE NUMBER

Call if you need help with this letter.

FOLD

Seasonal Child Care subsidy payments to your child care provider will end or change on the date below. Please talk with your provider to discuss your arrangements for making child care payments after this date.

- ☐ Your Seasonal Child Care (SCC) eligibility will end _____. Payments for child care subsidies will stop on this date.
- ☐ Your Seasonal Child Care (SCC) subsidy payments will change on: _____
- ☐ Your new copay amount will be: _____
- ☐ **Your child care benefits are being changed or terminated prior to the end of your currently authorized period. This notice provides you with ten (10) days of advance and adequate notice as required by program policy and Washington Administrative Code, WAC 388-292-0145.**

REASON FOR ABOVE ACTION

- ☐ You withdrew your request for child care assistance.
- ☐ You do not meet program eligibility criteria under WAC 388-292-0005 and WAC 292-0025.
- ☐ You do not have an eligible child under WAC 388-292-0010 and WAC 388-292-0025.
- ☐ Your activities do not meet the requirements in WAC 388-292-0020.
- ☐ You have failed to pay, or make arrangements to pay, your required copayment, under WAC 388-292-0005.
- ☐ The provider you selected is not eligible for subsidy payments under WAC 388-292-0085. You must select one by _____, **we will determine** that you have withdrawn your request for child care assistance.
- ☐ Other (specify):

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At the Fair Hearing, you have the right to represent yourself, be represented by an attorney, or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services. You may be eligible to receive continued subsidy child care pending the outcome of a Fair Hearing only if you request a hearing within 10 days of receiving this notice. If you lose the hearing, any SCC program subsidies you use between the date you get this notice and the date of the hearing or hearing decision, is an overpayment to you and will need to be repaid to DSHS.

PAYMENT ADJUSTMENT

INSTRUCTIONS FOR USE

1. Type of adjustment: ☐ 1a. Underpayment (under claim)
☐ 1b. First time authorization of old

2. Authorization number: _____

3. Case number: _____

4. Reporting unit: _____

5. Worker ID number: _____

6. Provided by: _____

ADDRESS

STREET

CITY

STATE

ZIP CODE

6a. Provider number: _____

6b. Social Security Number: _____

OR

Federal Tax ID number: _____

7. Provided by: _____

ADDRESS

STREET

CITY

STATE

ZIP CODE

7a. Provider number: _____

7b. Social Security Number: _____

OR

Federal Tax ID number: _____

8. Service recipient: _____

LAST NAME

FIRST NAME

9. Service line: _____

Service code: _____

Reason: _____

Source of funds: _____

Begin date: _____

End date: _____

Rate: _____

Unit: _____

of Units: _____

Adjusted amount: _____

10. Service recipient: _____

LAST NAME

FIRST NAME

11. Service line: _____

Service code: _____

Reason: _____

Source of funds: _____

Begin date: _____

End date: _____

Rate: _____

Unit: _____

of Units: _____

Adjusted amount: _____

12. Should OASI be withheld from payment? ☐ Yes ☐ No

1a. Check this box if underpayment. See SSPS Manual 01/10 for definition of underpayment.

1b. Check this box if the service period is more than 180 days prior to the current invoice month. **Attach copy of authorization: 14-159 preferred, and any other SSPS system verification of nonpayment.**

2. Item 2 on DSHS 14-154/14-159. 7 digit basic # only.

3. Case number used by office in #4 of this form.

4. RU number of worker completing form.

5. Worker ID of worker completing form.

6. Items 7 - 11 from DSHS 14-154/14-159.

6a. Item 8 from DSHS 14-154/14-159.

6b. Enter provider's Social Security Number OR Federal Tax Identification Number. If both are known, use Federal Tax Number.

7. Items 12 - 16 from DSHS 14-154/14-159 if applicable. Complete only if different from 6 above.

7a. Item 13 from DSHS 14-154/14-159.

7b. Enter provider's Social Security Number OR Federal Tax Identification Number. If both are known, use Federal Tax Number.

8. EXACTLY as appears on DSHS 14-154/14-159, item 26. Enter last name, first name.

9. Enter information from DSHS 14-154/14-159 service line (1 - 4), items 31 through 41. Enter only the dates for which you are requesting payment. Must be within dates authorized. One ONE CALENDAR MONTH per line unless the amount due is the same EVERY month. Enter the number of units your are requesting per month not to exceed item 42 on the DSHS 14-154/14-159.

Deduct participation if applicable before entering adjusted amount.

Enter the adjusted amount due (per month).

10. EXACTLY as appears on DSHS 14-154/14-159, item 26. Enter last name, first name.

11. Complete 10 only when requesting a second adjusted payment from the same authorization.

12. Check YES or NO for OASI deduction.

COMMENTS OR REASONS FOR ADJUSTMENT

SIGNATURE OF WORKER COMPLETING THE FORM

DATE

TELEPHONE NUMBER

SIGNATURE OF SUPERVISOR

DATE

FOR STATE USE ONLY



DIVISION OF FRAUD INVESTIGATION (DFI) REFERRAL

Contact Telephone Number:

DSHS 12-202 (04/2006)